

State of New Mexico

Voucher Batch Report

BusinessUnit: 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD

AsOfDate: 11/28/2012

Voucher Vchr VchrLineDescr

Number Line

Line#

Description

Distr Account

Account

Fund

VendorName

1099

Accounting Period

PurchaseOrder Invoice Number

Total Amount

Withhold

Year

Month

00317207 1 I/S meals & Lodging

1 542200

Employee I/S Meals & L 06101

ADAMS RICH-001

2013

11

0000095948 Adams, R. 11.6-1

435.00

Total For Voucher

435.00

ACH 0000917187 12/3/12

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary |

Business Unit: 66500
Invoice Number: Adams, R. 11.6-11.9.12
Voucher ID: 00317207
Invoice Date: 11/26/2012
Voucher Style: Regular
Total: 435.00
Vendor: ADAMS, RICHARD B
*Pay Terms: Pay Now ☐ Schedule Payments
RUIDOSO PUBLIC HEALTH OFFICE
RUIDOSO, NM 88345

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
103 KANSAS CITY RD
RUIDOSO, NM 88345

Gross Amount: 435.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 11/26/2012 

Net Due: 11/26/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Pay Group:

*Handling: RE

*Netting: N 

Messages

Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 11.6-11.9.12
Voucher ID: 00317207 Invoice Date: 11/26/2012
Voucher Style: Regular Total: 435.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRANT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Staff in Santa Fe					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	11/05/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	11/06/12	Time:	07:00 AM	Return Date: (month/day/yr)	11/9/12 Time: 07:00 PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 11/7/12
Employee Signature Date

Supervisor/Bureau Chief Signature Date

 11/6/12
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Division Director/Hospital Administrator (As per specific division requirements) Date